

# **Magnetic Tape and Diskette Reporting of Occupational Licensing Information**



**California  
Franchise  
Tax  
Board**

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## PART I - GENERAL FILING INSTRUCTIONS

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### ***Publication Content***

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This manual provides information for filing Occupational licensing information with the Franchise Tax Board (FTB). Part I contains general filing instructions; Part II contains general media specifications; Part III contains the format specifications for filing Occupational Licensing Information.

### ***Filing Law***

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The intent of legislation passed in 1984 and 1986 was to provide FTB with enforcement tools aimed at reducing tax evasion in California through automated processes. California Revenue and Taxation Code section 19528 requires the State Bar, the Department of Real Estate, the Insurance Commissioner and any board as identified in Business and Professions Code Section 22, to annually provide FTB with specified licensee information.

### ***Filing Period***

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Annual filing will be on a calendar year basis. **The media file must be submitted by March 31 each year.**

If the media file, as submitted, is missing strategic information or if it cannot be processed due to format problems, the file may be returned for correction and replacement. Replacement files must be returned to FTB by the prescribed time indicated on the letter that accompanies the problem file.

### ***How to Submit Media***

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FTB will mail an annual package to each reporting licensing board by the second week in December. The package will include this manual, which contains a filing transmittal form (FTB8303), along with media external labels and any other information necessary to ensure correct and timely filing.

Completely fill out the transmittal and return to FTB with the magnetic media. **DO NOT MAIL THE TRANSMITTAL SEPARATELY.**

If the external labels are missing, you may affix your own external label on the media, including Board name and type of information being reported (i.e., "Occupational Licensing Data for 1997").

### ***Common Filing Errors to Avoid***

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- Media files mailed without the corresponding transmittal properly completed and enclosed inside the media package. Media mailed without this form cannot be properly logged and processed by FTB.
- Diskette directories that contain other data sets that are not related to this process. Report only the intended state information on the diskette in order to avoid any confusion.
- Incorrect Field Lengths — Verify all field lengths with the Record Format Specifications portion of this booklet.
- Block lengths that are not evenly divisible by the record size. Preferred block size is 9000.
- Invalid SIC Codes — SIC may either be a 2 to 4 digit code that identifies the type of business being reported. If SIC is a 2-digit code, ensure that field is left justified. Otherwise, SIC will be considered invalid.
- Omitting or placing invalid data in the Licensing Board Number field (position 272). This field is for the 3-digit code assigned by the FTB to each respective board and must be included. If you are unsure, call the Magnetic Media Unit at (916) 845-3778 to obtain your OLB number.

### ***Acceptable Media***

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Information may be submitted on standard ½-inch tape reels, IBM compatible 3480 or 3490 tape cartridge or 3 ½ or 5 ¼-inch diskettes. Media specifications are listed in the Record Format Specifications portions of this booklet.

**8-inch diskettes are no longer acceptable as reporting media.**

**8-mm cartridges can not be accepted by the Franchise Tax Board at this time.**

### ***Information Contact***

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Requests for forms or information relative to reporting Occupational Licensing files to FTB may be obtained by calling (916) 845-3778 between the hours of 8:00 a.m. and 4:00 p.m. Pacific Standard Time.

The address for filing your media package, waiver or an extension request is:

**SHIPPING:**

ATTN: MAGNETIC MEDIA UNIT/OLB  
SERVICE & SUPPLY  
FRANCHISE TAX BOARD  
9645 BUTTERFIELD WAY  
SACRAMENTO CA 95827

**POSTAL SERVICE:**

ATTN: MAGNETIC MEDIA UNIT/OLB  
FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94240-6090

Thank you for your cooperation.

## PART II – MEDIA CHARACTERISTICS

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The following characteristics define the specific needs for each type of medium necessary for filing successfully with FTB. Preparers who cannot comply are urged to call the telephone number listed in the Information Contact section of this manual and discuss the issues prior to filing.

### 1. Tape Reels

- a. **Type of Tape** – ½ inch, 9 track tape.
- b. **Recording Mode** – Recorded in either EBCDIC or seven-bit ASCII. Eight-bit ASCII files will not be accepted. Files recorded in EBCDIC are preferred.
- c. **Density (BPI)** – Either 6250 or 1600 BPI is acceptable. 6250 is preferred.
- d. **Internal Labels** – Standard IBM OS/VS internal labels are preferred. If header and trailer labels are provided, they must be separated from the data by tape marks.
- e. **Record Length** – Must be 300 characters and written fixed length, not variable length.
- f. **Blocking Factor** – 30 records per block, block size 9,000 (30 x 300) is preferred. The blocking must remain constant throughout the file, except the last data block which may be a short block, e.g., 3000 (10 x 300).
- g. **File Sequence** – Must be in ascending SSN sequence.
- h. **Record Format** – Must agree with the data elements listed in the applicable Record Format section.

### 2. Diskettes

- a. **Size** – 3-½ inch and 5 ¼ inch diskettes. **8-inch diskettes are no longer accepted or processed by the Franchise Tax Board.**
- b. **Recording Mode** – ASCII text, MS/PC DOS.
- c. **Internal Labels** – Should not appear on file.
- d. **Record Length** – Must be 300 characters and must agree with the data elements listed in the applicable Record Format section.
- e. **File Sequence** – Must be in ascending SSN sequence.
- f. **Directory Content** – No other files should appear in the directory.

### 3. Cartridges

- a. The tape transports that will be processing the tape cartridges will be IBM 3480 or 3490. Therefore, the tape cartridges must be IBM 3480 or 3490 compatible.
- b. The tape cartridges must meet American National Standard Institute (ANSI) standards, and have the following characteristics:
  - (1) Tape cartridges will be ½ inch tape contained in plastic cartridges which are approximately 4 inches by 5 inches by 1 inch in dimension.
  - (2) Cartridges will be 18 track or 36 track parallel.
  - (3) Only 3490 cartridges may be in the compressed mode; data must be non-compressed on 3480 cartridges.
- c. 8 mm cartridges are not readable by the Franchise Tax Board.

## PART III - OCCUPATIONAL LICENSING RECORD FORMAT SPECIFICATIONS

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Data Element Name	Start Pos.	End Pos.	Field Size	Usage	Description
SSN	1	9	9	N	9 digits. Zero fill if not available.
FEIN	10	18	9	N	9 digits. Zero fill if not available.
OCCUPATIONAL LICENSE NO.	19	25	7	AN	7 digits. May be blank. Left justified.
OWNERSHIP TYPE	26	26	1	A	Type of ownership. Values: (S) sole proprietorship, (P) partnership, (A) salesperson, (B) broker, (T) insurance transactor, and (I) insurance solicitor. May be blank.
LICENSEE'S LAST NAME	27	41	15	A	Alpha only – cannot be numeric or special characters. Must be present.
LICENSEE'S FIRST NAME	42	52	11	A	Alpha only – cannot be numeric or special characters. Must be present.
LICENSEE'S MIDDLE INITIAL	53	53	1	A	May be blank.
LICENSEE'S ADDRESS					
P.O. BOX	54	73	20	AN	May be blank.
Number & Street	74	106	33	AN	Must be present.
City	107	118	12	A	Must be present.
State**	119	120	2	A	Must be present.
ZIP**	121	129	9	N	Do not hyphenate. Left justified. Zero fill if not available.
Or Country	119	129	11	AN	May be blank.
Country code	130	132	3	N	Zero fill if not available.
BUSINESS NAME	133	165	33	AN	May be blank.
BUSINESS ADDRESS					
P.O. BOX	166	185	20	AN	May be blank.
Number & Street	186	218	33	AN	May be blank.
City	219	230	12	A	May be blank.
State**	231	232	2	A	May be blank.
ZIP**	233	241	9	N	Do not hyphenate. Left justified. Zero fill if not available.



Data Element Name	Start Pos.	End Pos.	Field Size	Usage*	Description
BUSINESS ADDRESS cont.					
Or Country	231	241	11	AN	May be blank.
Country code	242	244	3	N	Zero fill if not available.
EFFECTIVE DATE OF LICENSE	245	252	8	N	8 digit Century, Year, Month, Day (CCYYMMDD). Zero fill if not available.
EXPIRATION DATE OF LICENSE	253	260	8	N	8 digit Century, Year, Month, Day (CCYYMMDD). Zero fill if not known or license has not expired.
STATUS OF LICENSE	261	261	1	AN	Value: (A) active, (I) inactive. May be blank or numeric 1-9.
NEW/RENEWAL CODE	262	262	1	A	Value: (N) new, (R) renewal. May be blank.
SIC CODE	263	266	4	N	Up to 4 digits - Standard Industrial Classification. Left justified. Zero fill if not indicated.
TYPE OF LICENSE	267	270	4	AN	Up to 4 characters representing type of business. Left justified. May be blank.
FREQUENCY OF LICENSE RENEWAL	271	271	1	A	Value: (A) annual (Calendar basis), (B) biennial, (T) triennial, (Q) quadrennial.
LICENSING BOARD NUMBER	272	274	3	N	3 digit number assigned by the FTB. Must be present.
DATE OF BIRTH	275	282	8	N	8 digit Century, Year, Month, Day (CCYYMMDD). Zero fill if not available.
DRIVERS LICENSE	283	290	8	AN	Zero fill if not available.
PHONE NUMBER	291	300	10	N	3 digit area code followed by 7 digit phone number. Zero fill if not available.

\* Key: A = Alpha, N = Numeric, AN = Alphanumeric.

\*\* State and ZIP code fields may be combined to enter foreign country names if country code is not used.

**FRANCHISE TAX BOARD  
OCCUPATIONAL LICENSING INFORMATION  
MAGNETIC MEDIA TRANSMITTAL**

**Please complete the following information and forward this form with your magnetic media file to the address as shown below.**

Date\_\_\_\_\_ Number of Records\_\_\_\_\_

Licensing Board Name \_\_\_\_\_

Board Contact Person \_\_\_\_\_

Address\_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code\_\_\_\_\_

**Please enter information regarding person to contact, if necessary, for obtaining further technical information.**

Transmitter Agency Name\_\_\_\_\_  
(if other than licensing board)

Contact Person\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

City\_\_\_\_\_ Zip Code\_\_\_\_\_

**Please list below the volume serial numbers in volume sequence order:**

Volume	Sequence	Volume	Sequence
_____	1 of _____	_____	3 of _____
_____	2 of _____	_____	4 of _____

File Characteristics: \_\_\_\_\_EBCDIC \_\_\_\_\_ASCII

\_\_\_\_\_STD LBL \_\_\_\_\_NO LBL

Mailing Address:

SHIPPING:

ATTN: MAGNETIC MEDIA UNIT/OLB  
SERVICE & SUPPLY  
FRANCHISE TAX BOARD  
9645 BUTTERFIELD WAY  
SACRAMENTO CA 95827

U.S. MAIL:

ATTN: MAGNETIC MEDIA UNIT/OLB  
FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94240-6090

**If assistance is needed regarding this form, please call the Magnetic Media Coordination Unit at (916) 845-3778.**